

VS A15 (4) 15M 9/55 50

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		560	CERTIF	FICA	ATE OF DEATH	4		Reg. Di	1. No.	156	13
1. PLACE OF DEATH a. COUNTY	Cecil		MARYL	AND .	2. USUAL RESIDENCE (WE D. C		d lived. If institut b. COUNTY		oce before	odmiss	iion)
RURAL and give	(If outside corporate liminecrest town) y Point	ts, write	LENGTH OF STAY II		Vash:	outside corpo ingtor		RURAL and	give near	est town	n)
OR INSTITUTION	Administrati		address)		d. STREET ADDRESS	A V.	Street,	N.W.	6	ON A	FARM?
3. NAME OF DECEASED (Type or print)	ULYSS	~ .	Middle W.		ARMS TRONG	4. DATE OF DEATH	Janu		Doy 3		Year 19 58
s. sex Male	6. COLOR OR RACE	7. MARR	DIVORCED	_	8. DATE OF SIRTH 2-19-89	1	9. AGE (In years lost birthdoy) 68 yrs.	IF UNDER Months	1 YEAR		
100. USUAL OCCUPAT during most of wo Labor	orking life, even it refired	done 10b.	KIND OF BUSINESS OR Unknown	INDU	D. C.	or fareign o	country)		SA	WHAT	COUNT
3. FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME			-2"		
	George H. Ar	mstr	ong - Decea	sed	Mary E. V	Wilson	n - Dec	eased			
15. WAS DECEASED EV	FR IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. 1	NFORMANT		Add	ress			
Yes	WW I	,	Unknown	1	Hospital Recor	rds, I	/AH, Perr	y Poi	nt,	Md.	
	EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (o	P		ron	chial, bilate	ral			INTE	T AND	DEATH
Conditions, if gave rise to cause (a), stoting lying cause lost	g the under-	C	arcinoma of	di	stal end of e	sopha	gus		u	nkne	own
		DITIONS C	ONTRIBUTING TO DEAT	TH BUT	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	/EN IN PAR	T 1(o) 19	PERFO	AUTOPSY ORMED?
OR CONTRIBUTIN	VAS UNDERLYING DIG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter noture of injury in I	Part I or Par	1 11 of item 18.)				
20c. TIME OF INJU Haur a. n. p. m.	10	While	Not while	fac	CE OF INJURY (Home, form lory, street, office bldg., etc.	20f. {Cit	y or town)	[6	County)		(Stote
ACTUAL SIGNATURE	s. P. LA	Re	execution of the contract of t	ber Jeath	occurred at 11:39	pital	m the causes of treet, city or town, Perry F	and on ti	he date	e state	ed abo ATE SIGN
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATI REMOVAL (Specifi PEMOVAL	ION. 22b. DATE THEREO		22c. NAME OF CEMEN		Director, CCREMATORY n National	22d. LOCA	TION (City, town, lington,	or county)		(Stote	e)
23. FUNERAL DIRECTO		Jan .	ADDRESS		240. REC"	D BY REGIS		STRAR'S SIG	- 1		

BUREAU V. S.

.8381 7 NAL

DECENTED

ofter

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Z .V UABAUS

Alberta Dist. 80 at mall at the

He a servery ser and

SEEL NE NAI.

BEGEINED

	MARYLAND 562	CERTIC		TE OF DEAT		TIMORE, 1		(11) to	545
1. PLACE OF DEATH a. COUNTY	Cecil	MARYLA	UND	2. USUAL RESIDENCE (W		b. COUNTY	n: Residence		nission)
b. CITY OR TOWN (If outside corporate fimils, write	c. LENGTH OF STAY IN	df 1	c. CITY OR TOWN (If	outside corpo				mn)
Perry Poi	-	lvr9mosl6da	ivs	Ba	altimo	re 3	VOI	1-4	
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in haspital, give street			d. STREET ADDRESS 3045 Ches	sterfi	eld Avenu	е		ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First CHARLES	Middle JULIAN	J	BEATY	4. DATE OF DEATH	Monil Janua		Doy	Year 19 58
5. SEX	6. COLOR OR RACE 7. MAR	RIED T NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years	W	YEAR IF UN	
Male	White WIDOW	_	_	Tune 8, 1880		lost birthdoy)	Months (Days Hau	s Min.
100. USUAL OCCUPATIO	ON (Give kind of work done 10b	KIND OF BUSINESS OR	_		e ar foreign c	ountry)	12. CITIZ	ZEN OF WH	AT COUNTRY
during most at work	ief Petty Off.	USN		New York			U	SA	
13. FATHER'S NAME	Ter Copy Atti		-	14. MOTHER'S MAIDEN				J	
AT.BERT	M. BEATY			Unknown					
15. WAS DECEASED EVE	ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	17. If	FORMANT		Addre	531		
Yes no. or unknown)	(If yes, give wor or dates of sorrice)	None	Ho	sp.Records, V	IA Hos	nital Pe	עוויין די	oint,	Md
491X Conditions, If a gave rise to i couse (a), stating lying cause last.	the under. DUE TO							W	reeks
PART II. OTH	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	H BUT	NOT RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIVE	EN IN PART	PER	S AUTOPSY FORMED?
	AS UNDERLYING 20b. DES CAUSE OF DEATH MEDICAL EXAMINER	SCRIBE HOW INJURY OCC	URRED	. (Enter nature of injury in	Part I or Par	t (I of item 18.)			
Y 20c. TIME OF INJUR Hour a. m. p. m.	While			CE OF INJURY (Home, for ary, street, affice bldg., et		or lawn)	(Ce	ounty)	(State)
ACTUAL SIGNATURE PHYSICIAN'S	S. P. LACET	ACCOM		occurred at 7:101	ADDRESS (S	n the causes ar treet, city or town, s	nd on the	e date sta	
220. BURIAL, CREMATIO		22c. NAME OF CEMETE	RY OF			TION (City, town, at			lote)
Burial		Baltimore			-	timore, M	**		
3331 Bre		ADDRESS		JEW.	JAN 2 1		TRAR'S SIGI		



BUREAU V. S.

deoth.

within 24

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8381 9 NA(

Havre de Grace, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

death.

U.S.A. Address INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES [X NO [] (County) (State) ADDRESS (Street, city or town, stote) **DATE SIGNED** V. A. Hospital, Perry Point, Md. 1-6-58 Professional Services 22d. LOCATION (City, town, or county) (Stote) Baltimore. Maryland 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE AN 8

00547

IS RESIDENCE

ON A FARM?

YES | NO P

Year

1058

Reg. Dist. No.

Months

-Raltimore

Dovs

12. CITIZEN OF WHAT COUNTRY?



BILLEAU V. S.

BUREAU V. S.

NAI.

7.000

41	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18											
	546 CERTIFICATE OF DEATH Reg. Dist. No. (11867)											
E E B												
P 5 8	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write R	URAL and give nearest town)										
fun blud	Elkton 3 days X Charlestown											
WG PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 spinal or attending physician. The this certificate has been signed by the attending physician and completely the in by the funeral director, for use as the burial-transit permit. Then please remove corbon papers. Page 1 and 2 shauld be filed with a cremotian, or removal, and in any event within 72 hours ofter death.	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Union Hospital	© IS RESIDENCE ON A FARM? YES ☐ NO										
od in an in	NAME OF First Middle Last 4. DATE Mon	nth Day Year										
2 2	(Type or print) Bdward J. Comegys Ir DEATH Janua											
Po Po	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday)	Months Days Hours Min										
Pried Co.	Male White WIDOWED DIVORCED August 28,1914 43 yrs.											
com pap oth.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY?										
on lond de	Cab driver City Cab Company Delaware	USA										
an corb	FATHER'S NAME											
rsici ve	Edward J.Comegys , Sr. Estella Rose Budd											
A B B	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Add 11. no. or unknown) (II yes, give wor or dates of service)											
death ce	No 212-07-1569 Mrs. Dorothea Comegys. Charlestown, Maryland.											
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:											
int v	PART I. DEATH WAS CAUSED BY: Atrophic Cirrhoris of 1. ve.	- Vear										
eve eve	500.10	/										
S D D D D D D D D D D D D D D D D D D D	Conditions, if any, which by the governise to immediate (b)											
in per	cosse (a), stating the under- (* DUE TO											
ion sin sin sin ond	lying couse lost. (c)											
low bee l-tro	PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	PERFORMED?										
a ple	20- ACCIDENT WAS INDERNANCED AND DESCRIPTION WAS INCOME.	YES NO D										
HAN: fricote the by	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	•										
r at cert	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, affice bldg., etc.)	(County) (State)										
PH.	Hour c. m. p. m. 19 While Nat while at work of work											
NG Political Control of Politi	21. I certify that I attended the deceased from 1/27 1958 to Jan 29 195	That I last saw the deceased										
Che rio	alive on 28 Jan 1958, and that death accurred at 12:30AM, from the causes of											
Jeto b	ADDRESS (Street, city or Jawn,											
SEC 5	SIGNATURE Millers H. Henry M.D. No. 14 E. Ad	Jan 29 57										
retoin retoin puld pr p	PHYSICIAN'S K. H. Huchus M.D											
S o o o	BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or seminately control of the control of	or county) (State)										
DE OTO POST	Burial 2.1.59 Charles an Assassance Co.	Maryland Maryland										
	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, REC'D BY REGISTRAR 246,	STRAR'S SIGNATURE										
VS A15 (4) 15M 9/55	Joseph of Frank North East, Md. DATE FFF 1 158 Com	1 -1										
		1 24 1 2										

BUREAU V. 2.

E3 . 1 1828

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BECEIN SI

BUREAU V. 5

i MAI

VS A15 (4) 15M 9/55

ARYLAND STATE DEPARTMENT C	OF HEALTH—BALTIMORE, 18
----------------------------	-------------------------

()()55() No. 96

566 **CERTIFICATE OF DEATH**

M

Reg. Dist. No.

AND THE RESERVE OF THE PERSON NAMED OF THE PER		
Place of Death County Cecil Maryland	2 USUAL RESIDENCE (Where deceased lived if institution Residence o. STATE District of Colombia	before admission)
b. CITY OR TOWN (if outside corporate limits, write RURAL and give pearest town) Perry Point, Maryland 2 mo. 7 days	c CITY OR TOWN (If outside corporate limits, write RURAL and give Washington 47 x	ve negrest town)
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Veterans Administration Hospital	d. STREET ADDRESS 1159 1st Street, N.W.	e IS RESIDENCE ON A FARMS YES NO 1
3. NAME OF DECEASED First Middle Middle (Type or print)	Babneyoti 4. DATE MOTH	174 Year 58
1. SEX Negro 7 MARRIED NEVER MARRIED WIDOWED DIVORCED	B DATE OF BIRTH 12-19-87 9. AGE (In years IF UNDER 1 70 birthday) yrs Months C	YEAR IF UNDER 24 HRS Days Hours Min
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI- COOR most of working life, even if retired)	USTRY 11 BIRTHPLACE (Stote or foreign country) Buckhannon, W. Va.	EN OF WHAT COUNTRY
Preston Dabney (Deceased)	Jane Lewis (Deceased)	
tVar un ne unhanced . Ith use annual data all annual	INFORMANT Address Hospital Records, VAH, Perry Point	t, Md.
75/X DUE TO Widespread abdom	f stomach, malignant, with inal metastasis	INTERVAL RETWEEN ONSET AND DEATH UNKNOWN
gove rise to immediate couse (a), sloting the under-lying couse lost.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH UIF EITHER. NOTIFY MEDICAL EXAMINER]		1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	ED. (Enter nature of injury in Part I or Part II of item 18.)	
	PLACE OF INJURY (Home, farm, octory, street, office bidg., etc.) (Co	unty} (State)
21. I certify that Fattended the deceased from 11-7-57 diseases considerable actual signature.	ADDRESS (Street, city or town, stole) M.D. V.A. Hospital, Perry Point, M	date stated above
PHYSICIAN'S S.P. LACERVA, N.D., Director, P. 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY C		(Stale)
Removario 1-14-58 unknown	Buckhannon, West V	irginia
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Pennington & Son Havre de Grace, Md	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	- /

SECTION AND THE



BUREAU V. S.

0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DECENT

BUREAU V. S.

13

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

567

00553

_						Kağ.	. DIST, PIQ,
1.	PLACE OF DEATH COUNTY		MARYLAND	2 USUAL RESIDENCE (V	Vhere deceased lived	. If institution: Res b. COUNTY CO	idence before admission)
Г	b. CITY OR TOWN (I	f outside corporate limits, write carest town)				mils, write RURAL o	and give neorest town)
	Perry Poi	nt	15 hra	Perry Pois	nt X		
	OR INSTITUTION	At (if not in hospital, give stree Administration	·	d. STREET ADDRESS	IIDII		e. IS RESIDENCE ON A FARM? YES TO NO
3	NAME OF DECEASED (Type or print)	First EDWIN	Middle P.	Lost FORD	4. DATE OF DEATH	Month	Day Year
5	SEX	6. COLOR OR RACE 7. M	ARRIED THEVER MARRIED	B. DATE OF BIRTH	9. AG	Elin years IF UN	DER 1 YEAR IF UNDER 24 HRS
	Male	White WIDO	WED DIVORCED	5-12-88	65	birthdoy) Mont	hs Doys Hours Min
10	USUAL OCCUPATION	ON (Give kind of work done II	DE KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (SIO	te ar foreign country)	12	CITIZEN OF WHAT COUNTRY
F	ilter Plan	it Eng.	U. S. Vets. Adm.	North Eas	st, Md.	1	U.S.A.
13	FATHER'S NAME		WET	14. MOTHER'S MAIDEN	NAME		
J	ohn E. For	d		Ellen F	. Shallerd	38	
1,11	WAS DECEASED EVE	R IN U. S. ARMED FORCES?		NFORMANT Spital Record	ds, VAH, F	Address Perry Poi	nt, Md.
		TH [Enter only one couse per TH WAS CAUSED BY: HE IMMEDIATE CAUSE (o)	line for (o), (b), and (c).] MORRHAGE, CEREB	RAL, RIGHT L	ATERAL VI	ENTRICLE	INTERVAL BETWEEN
	Conditions, if a	m mediate (Dus TO	TERIOSCLEROSIS,	GENERALIZED	, SEVERE		UNKNOWN
	lying couse lost.	the under (c)					
CERTIFICATION	PART II OTH		S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CON	DITION GIVEN IN	PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] 20b. D CAUSE OF DEATH MEDICAL EXAMINER;	ESCRIBE HOW INJURY OCCURRE	> (Enter noture of injury in	n Port I or Port II of	item 18.)	
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	y Whi	ile Nat while fac	ACE OF INJURY (Home, for tory, street, affice bldg., e	rm, 20f (City or lov	vn)	(County) (Stote)
		at I attended the dece	occock, and that death	17 14	58M, from the	causes and a	n the date stated abave
		OSEPH GRASBERG			PROFESSIO	NAL SERVI	ICES
	Removal (Sproity)	1-22-58 4	Methodist Cen	crematory etery	North E	City, town, or count	Maryland
23.	J R GRAN		ADDRESS Noeth East. Md.		TO BY REGISTRAR	246 REGISTRAR'S	SIGNATURE

TO NOTIFIE OR NITERING INVICIAN: The low requires that the death certificate be executed within 24 haurs after death; Page 4 VS A15 (4) 15M 10/57



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea, Dist. 1 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Cecil o. STATE Ceci1 MARYLAND Md b. CITY OR TOWN III outside corporate firms, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town! 15 VIS Elkton, R.D.3. Bikton. R.D.3. director. 2 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NOTE X NAME OF First Middle 4. DATE East Month Day Year DECEASED OF DEATH (Type or print) Catherine 1 14 1958 Sarah Garrett 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3. DATE OF BIRTH 9. AGE (in years IF UNDER TYPAR IF UNDER 24 HRS. lost birthdoy) Months Min 2-6-1895 WIDOWED [7] DIVORCED [yrs. 10g. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ₽ ~ during most of working life, even if retired) puo U.S.A. House work Elkton. Md. Housewiit e 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 24 hours of Pages 1, 7 age 5 may Crow Wm. Marcus 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. IT WEST MARKS Address B. Garrett, Elkton, R.D.3, Md. none Alfred No IIIW3 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Coronary Occlusion IMMEDIATE CAUSE (0) DUE TO Hypertension Conditions, if ony, which gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? NO IT 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18) Month, Day, Year 20r. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 1 20f. (City or town) (County) (Stole) vriting the wief Medical factory, street, office bldg., etc.) 0.00 Not while at work at work D. m. 21. I certify that I taak charge of the remains described above, held an Autopsy []. Inspection & or Inquiry and find that to the Chief / DIRECTOR: F Chief death resulted fram: Natural causes 3 Accident , Suicide . Hamicide . Undetermined cause . DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATUR ASSISTANT MEDICAL EXAMINER SAL A DEPUTY MEDICAL EXAMINER 1-14-58 NAME (Type) R.C.Dodson 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) 0 40 Buriak 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) 5M 9/55

MEDICAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

s.y uainua

JA . - - MA.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00555MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission) o. COUNTY b. COUNTY a. STATE MARYLAND Cecil b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) North East North East R.D. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS o. IS RESIDENCE Union mossital Elkton YES NO DO 3. NAME OF 4. DATE Lost Month DECEASED (Type or print) Earle Brooks Gav DEATH 58 19 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO B. DATE OF BIRTH IFUNDER TYEAR IF UNDER 24 HRS 9. AGE (In years 3-17-1904 Months Doys Hours WIDOWED [DIVORCED T ֆո. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Thiocol Chemical Buffalo, N.Y. U.S.A. Welder 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clara M. Mahan Gay 15 WAS DECEASED IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address John Stoud, North East. Md. 106-03-8518 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN Crush d chest upp part. Multiple fractures of PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) of right arm, Lacerated right knee and ankle DUE TO lacerated right eye brow and Lacerated Conditions, if ony, which olang burial gave rise ta immediate cause scalp. Fractured neck. **DUE TO** (a), stoling the underlying couse lost. rord "pending" in Exominer's Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 80 PERFORMED? NO TX 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of Item 18.) PRIMARY A or CONTRIBUTING AUSE OF DEATH. Drove his car in front of Grayhound shauld MEDICAL Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY (County) (State) factory, street, affice bldg., etc.) While at work at work ⊃ 15. m. North Ess Cecil to the Chief Medi 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry Trand find that Accident 🛣 Suicide 🗍, Homicide 🗍, Undetermined cause 📗 death resulted fram: Natural causes , **DATE SIGNED** ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** R. C. Dodson DEPUTY MEDICAL EXAMINER [X NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) O Υ. Acacia Park Cemeterv Tonawanda Remova 23, FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) 5M 9755

ME IND

HOSPITAL

0

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DATE OF O

EUREAU V. A

11.

Vs. A15ME(5) 5M 9/55

MARYLAND ST	ATE DEPARTMENT OF HE	EALTH-BALTIMORE,	18
MEDICAL	EXAMINER'S CERTIF	ICATE OF DEATH	Reg. Dist. No.

00557

				71						
o. COUNTY	Cecil				USUAL RESIDENCE (V		sed lived. If Institu b, COUN	ofion: Residence Y = 2 **	before ad	mission)
h CITY OR TOWAL	If outside corporate limits, write &	1000	c. LENGTH OF STAY IN 1	. 1	o. STATMarylai					haal
and give nearest tow	r outside corporate limits, write it n	DKAL		10	c. CITY OR TOWN (IF	r outside cor	porote timits, write	KOKAL one give	necress :	own
Elkton	TAL OR INSTITUTION OF		All life		Elkton				- 10	DEC DELICE
	TAL OR INSTITUTION (IF I		itoi, give street dodress)		d. STREET ADDRESS					RES DENCE
	<u>Union Hospit</u>	a I			156 W. Ma		<u> </u>		YES	□ но □
3. NAME OF DECEASED	First		Middle		Lost	4. DATE OF	Mont	h Di	ру	Year
(Type or print)	Ralph			Jeffe		DEATH	1_	26		1958
5. SEX	6. COLOR OR RACE 7	MARRIED	NEVER MARRIED	8. DAT	E OF BIRTH		9. AGE (in years lost birthday)	IFUNDER TYE		DER 24 HRS.
K	W	VIDOWED	DIYORCED 🔂	10-	26-1904		53 yrs.	Months Days	Houri	Min.
10a. USUAL OCCUPATI	ON (Give kind of work doing life, even if refired)	ne 10b. KII	ND OF BUSINESS OR INDI	USTRY 1	1. BIRTHPLACE (Stote	or foreign o	country)	12. CITIZEN	OF WHA	T COUNTRY?
Archite					Elkton. Mo	d.		UaSal		
13. FATHER'S NAME				14.	MOTHER'S MAIDEN N					
Charle	s Herman Jef	fens			Annie Mar	v Dieb	ert			
15. WAS DECEASED EN	ER IN U. S. ARMED FORC	ES7 16. S	OCIAL SECURITY NO. 17	. INFOR		7 27.00	Address			
(Yes, no, or unknown)	(If yes, give war or dates of sen		1-07-4555	John	E. Jeffer	rs. 15	6 W. Mai	n St. E	Ucton	. Md.
18. CAUSE OF DEA	VTH [Enter only one cause	per line fo	ır (o), (b), and (c).]					T IS	TERVAL BET	WEEN
PART 1. DEA	TH WAS CAUSED BY:	Chr	onic Alcohol					ľ	MOET AND L	EATH
322.1	IMMEDIATE CAUSE (a) _	- CILI	OILLG A LCOHOL							
Conditions, if										
gove rise to Imme	diote cause				W-1					
(o), stating the										
	J (c) HER SIGNIFICANT CONDI	IONS CON	TR BUTING TO DEATH BU	JT NOT R	ELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	/FN IN PART 1(o	19 WAS	S AUTOPSY
OIT									PERF	ORMED?
200 EXTERNAL CA	HISE WAS 1206	DESCRIBE	HOW INJURY OCCURRED	(Enter a	enture of injury in Pari	t Lor Part II	of item 18 \		153 [_]	LACON
PART II. OT 200 EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH	NTRIBUTING []	DESCRIBE		v. femal i	iolote of injury in run	1 I OF FOR II	or nem re.,			
20c. TIME OF INJU	IRY Month, Day, Year				INJURY (Home, form		r or town)	(County)		(State)
Hour o.m.	19	While of work	Not while at work	rociory, si	itesi, vilice biog., eic.	"				
21. I certify t	hot I took charge o	of the re	emains described a	bove,	held on Autops	y 🗍 . I	nspection 🔲	Inquiry 5	El. and	I find that
	Hrom: Notural co					-	سچور ndetermined o	_	=,,	
//	1 /210		1 . 10			٠ السما				
ACTUAL /	(LEAT	04	2001		CHIEF MEDICAL EX	XAMINER [DATE	SIGNED
SIGNATURE/				M.E	ASSISTANT MEDIC		R 🗔			
EXAMINER'S NAME (Type)	D. C. Dadaan				DEPUTY MEDICAL			7 0/	70	
22a. BURIAL, CREMATIC	R.C.Dodson	12	2c. NAME OF CEMETERY	OR CREW			TION (City, town,	1-26-	450	ole)
BUT1 I	Jan. 28,1		Blkton (-						,.ei
23. FUNERAL DIRECTOR		770	ADDRESS	Serie		D BY REGIST		STRAT'S SIGNA	77	
	/	1 . 00	The Sale	N W 1	J	AN 2 B		The Relie	1	
Pippin Fu	neral Hore	o ~a	E)	LKto	n. Mente		-	.,	- 4	



death.

within 24

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MEGEINEU

e e		1 tem 2, 55?	CERTIFICA	Cert. of DEATH		00559 Reg. Dist. No.
filed with	1.	LACE OF DEATH L COUNTY Uecil	MARYLAND	2. USUAL RESIDENCE (Who o. STATE De LAMAY	re deceased lived. If institution B. COUNTY	Residence before admission)
lo ad M		RURAL and give nearest lawn)	Life		tside carporate limits, write RUI	
		S. NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION Union		d. street address 252-D Thoma		e. IS RESIDENCE ON A FARM? YES NO W
n o		NAME OF First DECEASED Type or print) Baby Boy	Middle	Lur to	4. DATE Month OF DEATH Jan	Day Yeor 5 158
s. Page	5. 9	Male White Widowed		anuary 4,1	9. AGE (in years lost birthday)	FUNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min. 28 2
nd compl	10a	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OF BUSINESS OR INDUS		r foreign country)	12. CITIZEN OF WHAT COUNTRY?
ician an e carbol rs after c	13.	Roland Kurtz		14. MOTHER'S MAIDEN NA	et Brown	
certitic ng phys remov 72 hour	1 (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC na. or unknown) III yes, give war or dates of service) NO		Stanley 5	Addres	ington. Del.
equires that the death or signed by the otherding it permit. Then please nad in any event within 72		1B. CAUSE OF DEATH [Enter only one couse per time for PART I. DEATH WAS CAUSED BY: MART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate coesse (a), stating the under-lying cause lost.	lingtin lingtin line me	en brane	Disease	INTERVAL BETWEEN ONSET AND DEATH
The law rag physicic b has been burial-trans emaval, as	IFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONT 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE		NOT RELATED TO THE TERMIN		N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
PHYSICIAN: of ar attendil his certificat use as the l emation, ar a	MEDICAL CERTI		Y OCCURRED 20e. PL/ Not white at wark	CE OF INJURY (Home, farm, lary, street, affice bldg., etc.)	20f. (City or town)	(County) (Stote)
AL OK ATTENDING etained by the hospit AL DIRECTOR: After to ould be detached for rar prior to burial, cr.		21. I certify that I attended the deceased to olive on slan, 5 19 58 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Clifton R. Brock	s_, and that death	occurred ot4:50A	M, from the causes on DORESS (Street, city or town, st	that I last saw the deceased of on the date stated above, ote) DATE SIGNED Jan. 7, 195
TO HOSPITAL TO HOSPITAL TO HOSPITAL TO FUND TO	L	BUR AL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 1/3/58 CONTROL OF THE PROPERTY OF THE P	ADDRESS	r Mem. Par	BY REGISTRAR 246, REGIST	RAR'S SIGNATURE
VS A15 (4) 15M 9/55	× 5.	ppin Funeral Home	4/h De Ce	DAMENT	4 '58 VILLE	such

BOHEVO A. E.

8381 P.1 NAI





BUREAU V. &

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

BEGENAED

1th. If any delay is necessary, please ex	to the funeral director. Page 4 should t	ined far files.	ith the recent prior 19 build, cremotio	
24 hours ofter de-	: Pages 1, 2, and 3	lage 5 may be reto	le pages 1 and 2 w	î
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please	cute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Pa	far, "ed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for	25 A TO F. (At DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the reset of printing	emaval.
49	. A 5M	9/	vic() 55)]

		. 55	1	L EXAMINER	CERTIFICA	TE OF D	SAIII	Reg. Dist	. No.	
7,	PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased	lived. If institut	ianı Residena	e befare	odmission)
	o. COUNTY	cil		MARYLAND	a. STATE Mary	rland	b. COUNTY	Ceci	1	
l	b. CITY OR TOWN (If and give negres) town)	suitade corporate kinuts, writ	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carpara	te limits, write !	RURAL and g	ive near	est fawn)
	and first telephone stand	Elkton		48 hours	10/ Elkton	1				
-	I. NAME OF HOSPITA	L OR INSTITUTION (f not in hos	pital, give street address)	d. STREET ADDRESS				ė.	IS RESIDENCE
	Union	Hospital			240 E.	High			Y	ON A FARM?
	NAME OF	Fir	ł	Middle	Lest	4. DATE	Month		Doy	Yeor
	DECEASED {Type or print}	Margare	t	Craig	Minker	OF DEATH	1		29	19 58
5. 9	EX				DATE OF BIRTH		AGE In years	IF UNDER TY	EAR IF	UNDER 24 HRS.
	F	TAT	WIDOWE		9-4-1904	,	osi burbday) 2.3 yrs.	Months Do	zys Ho	ours Min.
ΙŌα	USUAL OCCUPATIO	N (Giva kind of work	ione 10b. K	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stot	e ar fareign coun		12. CITIZE	N OF W	HAT COUNTRY?
c	during most of working House	life, even if retired)			Elkton	n. Md.		TT.	S.A	
	FATHER'S NAME				14. MOTHER'S MAIDEN			0.	W 9 4 4	
		am H.Cra	ig			a J. S	helton			
15.		R IN U. S. ARMED FO		SOCIAL SECURITY NO. 17. I	NFORMANT		Address			
		If yes, give war or datus of	service)		Jarry Minke	er. 240	E. Hig	h ST.	EL	kton.Me
-		M (Enter only one cau	,	JU-14-3//					INTERVAL	
		I WAS CAUSED BY:	*		ما ما ما ما ما				ONSET AN	ND DEATH
		MMEDIATE CAUSE (a)		erebral Spas	IN MITH COR	la.				
	333x	DUE TO								
	Conditions, if an gave rise to immed									<u> </u>
	(a), stoting the v									
_	couse tost.) {c}								
CERTIFICATION	PART II, OTH	er significant con	OITIONS <u>CC</u>	NTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERA	AINALDISEASE CO	ONDITION GIVE	N IN PART I		ERFORMED?
IFIC	200 EXTERNAL CAU	SE WAS _ 20	b. DESCRIBE	HOW INJURY OCCURRED (Enter nature of injury in Pa	ort 1 or Part II of i	tem 18.)			
CER	200 EXTERNAL CAUPRIMARY OF CONCAUSE OF DEATH.	TRIBUTING [
	20c. TIME OF INJUR	/ Month, Day, Yes	r 20d. I	NJURY OCCURRED 200. PLA	CE OF INJURY (Home, for	m, 20f, (City or	lown)	(Count	y}	(Stote)
MEDICAL	Hour a.m.	19	While	Nat while fact	ory, street, office bldg., et	c.)				
2	9. m.				un total Aut			1	- I	1.00
				emains described abo	—		ection 🛗		<u></u>	ind find that
	death resulted	fram: Natural	Causes .L	. Accident . Su	cide [], Hamicid	e [_], Unde	etermined co	ose [_].		
	ACTUAL //	LIPA	17	00/1/92	1	_			D	ATE SIGNED
	SIGNATURE	11/1	VU		M.D. CHIEF MEDICAL					
	EXAMINER'S	D d D-3	10		ASSISTANT MEDIC]	7	20	EQ
	NAME (Type)	R.C.Dod			DEPUTY MEDICAL	EXAMINER C			29	- 70
22o	BURIAL, CREMATION REMOVAL (Spec.by)	1, 226, DATE THEREO	1958	Eletan C	enetery	22d. LOGATION	Klon	county)	n	(State)
23.	FUNERAL DIRECTOR'S	SIGNATURE	1	ADDRESS 1+	12.1150	FEB 4 15	7.5	TRAR'S SIGN	ATURE	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00562

Z V UATT

DEALEREA

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

79

CERTIFICATE OF DEATH

~	572			Reg	Dist. No.						
	1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DEC	EASED						
	COUNTY COCIL MARYLA	AND	STATE Maryland COUNTY Cecil								
	CITY (Il outside corporate limits, write RURAL LENGTH OF		CITY (Il outside corporate limits, write RURAL and give nearest town)								
	OR and give nearest town) (in this plants)		X TOWN Rural,	Newark Del.							
		AL, 8	4 STREET (If rural give location)								
-	HOSPITAL OR INSTITUTION OR		ADDRESS Newark R.D. #2 Delaware								
	STREET ADDRESS			**							
	3. NAME OF (First) (Middle) DECEASED		(Last)	4. DATE (Month)	, , , ,	(Year)					
1	(Type or Print) Arthur	M	onger	DEATH JE	m. 26, 1	958,					
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED,	8. DATE C	OF BIRTH 9	. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS					
	Male White (Specify) married	160.00	9 1909	65 yrs. A	Months Days	Hours Min.					
ı	10a. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS		2, 1892		1 12 CITIZE	N OF WHAT					
П	done during most of working lite, even it OR INDUSTRY	·			COUN	TRY?					
	retired) Merchant Own store			ginia	U.S	oA.					
ı	13, FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME							
۱	Robert Monger		Not kno	WIL							
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECU	JRITY NO.	17. INFORMANT & A	DDRESS }	Newark R	D #2					
ı	(Yes, no, or unk.) (If Yes, give wer or dates of service) 190-16-	9812	Mrs Brown		Delaware	1/U					
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	DICAL CE	RTIFICATION			RVAL BETWEEN					
	T DISEASES OR CONDITIONS DIRECTED LEADING TO GENTLE		Dellin	1 Park	87	of Dog					
	IMMEDIATE CAUSE (A)	0000	70000		7 1410	4 500					
	ANTECEDENT CAUSE(S) DUE TO		the Court	min last	21.0						
Н	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	wi	an Congan	w jew	7						
ı	STATING UNDERLYING CAUSE LAST. DUE TO		,	U							
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING										
	TO THE DEATH BUT NOT RELATED TO THE										
	DISEASE OF CONDITION CAUSING DEATH.				20	. AUTOPSY?					
	198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	•			YES						
	21+. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, farm, lactory	/,	21c. WHERE DID INJURY OCCUR	? (City or town)	(County)	(Stata)					
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.	j i									
ı	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCU	RRED	211. HOW DID INJURY OCCUR	7							
		while									
	0		1054.0	760 00 8	4.11.	. ()					
	22. I hereby certify that I attended the deceased from		Cal3411 1		, that I last say						
		occurred a	1 J.O.C.M. from the ca	auses and on the dai	te stated abov						
¥0.	SIGNATURE ()		ADDR	ESS (Street, city, town,	= (L	DATE SIGNED					
1.55	1. V. Mornson	M D.	CXXXX		Y'C.	1430					
اڅ	23. BURIAL, CREMATION, DATE THEREOF NAME OF (REMOVAL (SPECIFY)	CEMETERY OR	CREMATORY	LOCATION (City, town,	or county)	(Stela)					
Alsc		Londo	n Presby Cem.	New London,	Chester	Co. Pen					
2	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	24444	25. FUNERAL DIRECTOR'S		ADDRESS	1					
	DATE AN 2 8 '58 POLA SUCK		William	16 Septen	Frank Al	word					

BUREAU V. E.

, ; NAI

NEW THE SELECTION OF TH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00564 555 **CERTIFICATE OF DEATH** Rea. Dist. No. director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) A. COUNTY **b.** COUNTY MARYLAND ecil Cecil Marvland uneral b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) 70 30vrs Elkton d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? YES NO THE Union Hospita Bridge Street NAME OF 4. DATE Middle Month Day Year DECEASED DEATH (Type or print) Ralph 1958 January P. AGE (In years lost birthday) IF UNDER 1 YEAR! IF UNDER 24 HRS 7. MARRIED TENEVER MARRIED Months Days Min WIDOWED [DIVORCED [October 1.1898 59 Male White 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Bayshore Ind. Inc. U.S.A. Maryland ech offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hannah Fisher George Morgan IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Mrs. Julia Elkton 273-05-6117 Morgan Maryland Yes 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c),) INTERVAL BETWEEN ONSET AND DEATH ä PART I. DEATH WAS CAUSED BY. ORONARY THROMISOSIS 2 HOURS 420,1 DUE TO 2HE5CS HUOCARDIAL ISCHENIA Conditions, if ony, which gave rise to immediate **DUE TO** cottse (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO CERTIFIC 200. ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of ilem 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Dov. Year 20d. INJURY OCCURRED 20f. (City or town) (Stote) (County) factory, street, office bldg, etc.) O. 70. Not while of work of work 19 5. that I last saw the deceased 21. I certify that I attended the deceased from 6.40 M. from the causes and on the date stated above. and that death occurred ADDRESS (Street, city or lown, state) **DATE SIGNED** ACTUAL SIGNATURE 5 O V. DAVIS PHYSICIAN'S ENRY NAME (Type) BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial Gilpin Manor Mem Park Maryland 9 Oppressockton St. 23 FONERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b_REGISTRAR'S SIGNATURE Eikton. DATE JAN 9 15M 9/SS

within 24

BUREAU V. S.

. : e MAL

WE CENTED

BUREAU V. S.

I

ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	ARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	1
---	---------	-------	------------	----	-------------------	---

573 CERTIFICATE OF DEATH

M

Reg. Dist. No. 980566

	PLACE OF DEATH D. COUNTY					2 USUAL RESI	DENCE (Wh	era deceased	lived. If institution	an. Residence	e before	odmiss'c	on)
	Cec	il		MARY	LAND		rvlan	d	b COUNTY	Harf	ord		
	b. CITY OR TOWN (If RURAL and give nec	arest lawn)	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR			ate limits, write R	URAL and go	ve heare	st fown)	٧
_	Perry Poin	ıt		6 days				vre De	Grace				
	OR INSTITUTION					d. STREET ADDRESS e is res den on a far							DENCE FARM?
V	eterans Ad	<u>lministrati</u>	on H	ospital		RD# 2 YES□ N							NO 🔯
3	NAME OF DECEASED	Fir	st	Middle		Los	it	4. DATE OF	Mon	ith.	Doy	Ye	eor
	(Type or print)	EARL		_ A.		RALSTO	N	DEATH	Janı	lary	16,	19	9 58
S. 5	SEX	6. COLOR OR RACE	7. MARR	NEDE NEVER MARRIE	D 🔲	B DATE OF BIRT	Н		9. AGE [In years lost birthday]	IF UNDER 1			
Н	Male	White	WIDOWI	ED DIVORCE		January	12,1	909	49 yrs	Manths (Days !	Haurs	Min.
100	. USUAL OCCUPATION	N (Give kind of work	dane 10b.	KIND OF BUSINESS O	R INDU	TRY IT BIRTHPL	ACE (State	or foreign co	untry]	12 CITI	ZEN OF	WHAT (COUNTRY
	Store Man		Mis	sissi	iga		U	SA					
13	FATHER'S NAME			14 MOTHER'S		A 4							
	JOHN M. R	TACED TAC				MAR	TANT. VC	E THOM	(DCOM				
15	WAS DECEASED EVER		CES7 16	SOCIAL SECURITY NO	. 12. 11	NFORMANT	T OVIA	E LITOR	Add	ress			
	no or unknown] [I	f yes, give wor or dates of s	ervice)	_ /			-2- 17	A IIaa			ni nt	16	3
	Yes	WW-II		36-10-4732		sp.Recor	as, v	A Hosi	DIVEL P	erry P		7	
				ne for (a), (b), and (c)	-						INTERVAL BETWEEN ONSET AND DEATH		
	PARI II DEAI	'H WAS CAUSED BY- IMMEDIATE CAUSE (o)	Acute coro	nary	occlus	ion				immediate		
	4.0.1	DUE TO											
	Conditions, if an		1.										
	gove rise to im cause (a), stating th	Y DUSE TO											
	lying cause lost.) [0)										
ž	PART II OTHI	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19.	WAS A	UTOPSY
NE S											1,	PERFOR	NO A
Ę	20a ACCIDENT WAS	UNDERLYING	206 DES	CRIBE HOW INJURY OF	CCURRE). (Enter nature a	of injury in F	ort I ar Port	If of item 18)				(3)
L CERTIFICATION	OR CONTRIBUTING ((IF EITHER, NOTIFY A	CAUSE OF DEATH MEDICAL EXAMINER)											
MEDICAL	20c TIME OF INJURY	Month, Day, Ye		NJURY OCCURRED		ACE OF INJURY (or lawn)	(Ce	ounty)		(State)
WED	Hour o.m.	19	While of work	Nat while k □ at work □	100	iory, sireer, orner	e oray., esc	<u>'</u>					
		Nattended the	decease	ed from Janua	ary	10, 1958	_, toJa	nuary	16., 1958	.xhot.k.k	oshswa.	othec	AESCRICE SE
				and that									
	(11/		200					reet, city or lown,				TE SIGNED
	ACTUAL SIGNATURE	-	1	El Rel	d	V.A.	. Hosp	oital,	Perry P	oint,	Md.	1-	17-58
	PHYSICIAN'S NAME (Type)	s. P.	LACE	RVA		Direc	ctor,	Profe	ssional	Servic	:e s		
220	BURIAL, CREMATION REMOVAL (Specify)	4, 22b. DATE THEREC)F	22¢ NAME OF CEME					ION (City, fown, i			(State)	,
	Removal	1-16-58		Magnolia	Cem	etery		Magno	olia, Pik	3 Coun	ty,	Miss	5.
23	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			24a. REC'E	BY REGISTI	RAR 24b. REGIS	STRAR'S SIGI	NATURE		
	PENNTNONON	I & CON	H	avre DeGra	ce,	Md.	DATE JA	N 2 2 '5	o W.	Leau	eh		

RECEIVED V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Rea. Dist. No. b. COUNTChester e. IS RESIDENCE ON A FARM? YES NO 💂 Day Year 1958 IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min 12. CITIZEN OF WHAT COUNTRY? U-S-A INTERVAL BETWEEN ONSET AND DEATH PERFORMED? NOT (County) (Stote) Inquiry, and find that DATE SIGNED 1-12-58 (State)

5M 9/55

BUTEAU V. S.

EGGI N I VAT

DECENA ED

ADDRESS

Elkton.

DATE

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY Cecil c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e IS RESIDENCE ON A FARM? YES INO Month Year Day 19 58 Januarv 9. AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Davi Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address Mr. Henry Mackie Elkton. R.D.4 INTERVAL BETWEEN ONSEL AND DEATH WAS AUTOPSY PERFORMED? YES 🗍 NO 🗹 (County) (State) 1922, that I last saw the deceased M, from the causes and an the date stated above. 22d. LOCATION (City, town, or county) (State) Cometery Fair Hill Maryland 240. REGID BY REGISTRAS REGISTRAR'S SIGNATURE

0 15M 9/55

FUNERAL DIRECTOR'S SIGNATURE

EUREAU V. &

ELEI . Mir.

1

, A

VS. A15ME(5) 5M 9/55 00569

	NT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH
5745	Reg. Dist. No.
MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before adm e. STATE 1112 b. COUNTY Cecil

o. COUNTY		a. STATE 11d2 b. COUNTY Cecil						
Cecil	MARYLAND	MUE						
 CITY OR TOWN (if outside corporate firmits, write RURAL and give nearest fown) 	c. LENGTH OF STAY IN 16	ii .	f autside corporate limits, write RURAL	and give nearest town)				
Elkton, R.D.I	37 yra	× Elkton	ReDella					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	spital, give street address)	d. STREET ADDRESS e. IS RESION A YES						
3. NAME OF DECEASED (Type or print) GOODEO	Middle John Schi	rling	4. DATE Month OF DEATH	Day Year 27 19 58				
	ED NEVER MARRIED 8.		9. AGE (In years IF UNI	DER TYEAR IF UNDER 24 HRS.				
M WIDOWE	DIVORCED 1	L-28-1875	leg byrhday) yrs. Month	s Days Hours Min.				
16a. USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired)	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	or foreign country) 12.	CITIZEN OF WHAT COUNTRY				
Retired Farmer Harford Co. Md. U.								
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME					
No Informa	ation	Caroline	Lav					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. III	FORMANT	Address					
(Yes, no, or unknown) (If yes, give wor or dates of service)	12-22-7161 M	rs. Ida Water	rs, Elkton, R.D.3.	Md.				
18. CAUSE OF DEATH [Enter only one couse per line				INTERVAL BETWEEN ONSET AND DEATH				
PART I, DEATH WAS CAUSED BY:		clusion		ONSET AND DEATH				
420. I DUE TO	de Coronary oc	O.Eusion						
Conditions, if any, which } fb1								
gave rise to immediate cause (ID), stating the underlying DUE TO								
cause last. (c)								
	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INALDISEASE CONDITION GIVEN IN	PART I(a) 19, WAS AUTOPSY PERFORMED? YES NOT				
CAUSE OF DEATH.	E HOW INJURY OCCURRED. (E	nter nature of injury in Par	t Lar Part II of item 3B.)					
Heur g. m. While	f t .	E OF INJURY (Home, farm ary, street, affice bldg., etc.		(County) (State)				
21. I certify that I took charge of the	remains described abar	re, held an Autaps	y , Inspection E, Ing	uiry [x], and find tha				
death resulted from: Natural causes		ide . Homicide						
111000	1 - 40	, Homelas	, onderermined cause	П,				
ACTUAL / 9 CENTO C	ROM	CHIEF MEDICAL EX	VALAINED [7]	DATE SIGNED				
SIGNATURE	,	_M.D.	_					
EXAMINER'S		ASSISTANT MEDIC	_	7 0				
NAME (Type) R.C. Dodson		DEPUTY MEDICAL						
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) an. 31, 1958	22c. NAME OF CEMETERY OR	CKEMATORY	22d. LOCATION (City, town, or count	(State)				
Burial	Elkton Ceme	scer à	14312 0 150	Maryland,				
Promise 23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS ADDRESS		D BY REGISTRAR 726 REGISTRAR'S					

I

MINERU V. S.

CST (NV:

Man :

VS. A15ME(S) 5M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Re

00570

1		570		VI							Reg.	Dist. No	<u>. 96</u>	>
Ī	1. PLACE OF DEATH	010			1	USUAL RESIDENCE	E (Wi	nore docea				idence be	fore adm	ission)
ı	a. COONIT	Cecil		MARYLAN	b	o. STATE	ar	yland	b. 0	THUO	Y	Ceci	.1.	
1	b. CITY OR TOWN jit and give negrest town)	outside corporate fimits, write	RURAL	c. LENGTH OF STAY IN 11	,	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								wn)
J	Perry			Less than 24	М,	s. X C	hes	sapea	ke Ci	ty				
	d. NAME OF HOSPITA	AL OR INSTITUTION (If not in ho	spital, give street oddress)		d. STREET ADDRES	SS							ESIDENCE A FARM?
	Veterans A	dministrat:	ion H	ospital] ио 🔀
Ì	3. NAME OF DECEASED	Fin		Middle		Last	1	. DATE		Month	1	Day	Day Year	
L	(Type or print)	CHAI		E.		SEWELL		DEATH		Jam	lary	20) 1	9 58
1	5. SEX	6. COLOR OR RACE	7. MARR	ED 🔲 NEVER MARRIED 🔀	8. D.	ATE OF BIRTH			9. AGE (In	years				ER 24 HRS
l	Male	Negro	WIDOWE			11-7-19			38	yrs.	Months	Days	Hours	Min,
4	10a. USUAL OCCUPATIO during most of working	ON (Give kind of work of life, even if retired)	done 10b.	KIND OF BUSINESS OR INDI	STRY	11. BIRTHPLACE (SE	tole o	r foreign o	pountry)		12. C	ITIZEN O	F WHAT	COUNTRY
	Labor			Unknown		Maryla	nd					USA		
	13. FATHER'S NAME				14	A. MOTHER'S MAIDE	N NA	AME						
		Perry H.		ell		Edna G.	H	1gh es						
1	15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FO	service)			PRMANT				Address				
Į	Yes	WW II	2	13-10-9760	los	pital Rec	orc	is, V	AH, Pe	erry	Poi	nt,	Md.	
1		H [Enter only one cou	se per line	for (a), (b), and (c).]								INTE ONS	RVAL BETW	EEN ATH
ı	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (D)		Pulmonary eder	na							4	-6 h	ours
ı	20 X	DUE TO												
ı	Conditions, if or gove rise to immed			Cerebral ence	oha	lopathy c	hr	onic				u	ınkno	wn
ı	(o), stoting the u													
ł	couse lost.) (c)												
ı	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BUT	TON	RELATED TO THE TE	RMIN	IAL DISEAS	E CONDITIO)N GIV	EN IN PA	ART 1(o) 1		AUTOPSY RMED?
ı	3												YES X	NO 🗌
ı	PRIMARY OF CONCAUSE OF DEATH.	TRIBUTING (#		E HOW INJURY OCCURRED.			Port	or Port 1	of item 18	t				
ı		Y Month, Day, Yea		Hit by truck :			t							
ı	YOUR HOUR OF INJUR		Whil	e _ Not while fo	ctory,	OF INJURY (Home, f street, office bldg.,	elc.	20f. (Crh	y or town)		{C	ounty)		(Stote)
ı		194		ork of work				-						
ı				remoins described ob					nspection	-	Inqu	iry 📙	, and	find tha
ı	death resulted	from: Noturol	couses	, Accident 📑 S	vicid	le [_], Homici	ide	, U	ndetermi	ned c	ause [٠.		
ı	ACTUAL (/	18/10	120	ln 1971 -									DATE :	CIGNED
ı	SIGNATURE	COL	0-0	1000C	N	A.D. CHIEF MEDICAL		-	_				1 00	
	EXAMINER'S					ASSISTANT MEI			_				1-20	7-70
ŀ	NAME (Type)		ODSON	Too water of creerens of		DEPUTY MEDIC								
	220. BURIAL, CREMATIO REMOVAL (Specify)			22c. NAME OF CEMETERY C					TION (City,				(Stot	ej
	POMOVAL 23. FUNERAL DIRECTOR	1-20-58 S SIGNATURE	3	Bohemia	Man		EC'D	BY REGIST	Sapea			MO		
			În spen) TI R	due	A.	
ı	Leininige	on a son,	TOALS	de Grace, Md.		DATE		MN 2 4	0.	MA	-			

T'A AVATHA

CIAIDEU

40	8.		g,		per l'annie
0	믬		5	r.	N
90	भु		Ter		14
ď	7		l, c		
7.	33e		- L		
ess	ď.		٥		
og c	Š.		5		
.22	ja ja	1/2	-io		
lay	ō	E	7		
de	Ē	7	Ď		
sny	Z N	4			
Ĕ	9	ũ	9		
ď	# 8	ed	T Z		
BOS	3	ġ	ž.		
ď d	멀	5	2		
ffe	-7	ھ	and		h
2	.,	ğ	_		10000
D.	55	iO.	P D	. *	_
77	209	90	, å		
E	9	20	ᆵ		
許	Ö	~	4		
* *0		2	Ē		
ute		Ë	2		
Xec	臺	22	nsi		
0	₽.	<u>₹</u>	ţ.		
d D	ij.	0	io		
an	Pe	흦	Pur		
10	.⊑	9	0		
題口	: 	美	ö		
žį.	듄	0	Sec		
rer	pen	Jer,	9		
. <u>~</u>	:	Ē	P		
E	Ź	8	ממ		
	9	8	35		
S.	# E	ğ	96		
3	Ē	Ž	20		
	3	ie.	ä		
8	ē	ΰ	ö		
	100	the	K		
K	it.	5	Q		
Tel DERMIY METCHI. EXAMMER: This certificates should be executed within 24 haurs after death. If any delay is necessary, please eye-	cute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be	far Add to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far Add files.	III R AAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages I and 2 with the r. or prior to burial, crematian	DVC	
*	÷	ľ		Smc	
0	oto	Or	-	T T	
0	U	4	2	0	

VS. A15ME(5) 5M 9/55

		5 MEDICA	L EXAMINER'S	CERTIFICAT	E OF DEATH	Reg. Dist. No	0571
1.	PLACE OF DEATH			2. USUAL RESIDENCE (WH	ere deceased lived. If in	stilutioni Residence bei	fore admission)
	o. COUNTY	cil	MARYLAND	o. STATE Md.	b. CO!	Cecil	
	b. CITY OR TOWN (If outside	e corporate fimits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, w	rrile RURAL and give n	learest fown)
L	Elkton		15 mo.	Elkton	27		
H		R INSTITUTION (If not in ho	spitol, give street address)	d. STREET ADDRESS			a. IS RES DENC
L	Union	Hospital		2 01 Bow	St.		YES NO
3.	NAME OF DECEASED (Type or print)	Charl	es W	Stanton Jr	DATE M OF DEATH	lonih Day	L 19 58
5.	SEX 6. (ED NEVER MARRIED 3	. DATE OF SIRTH	9, AGE (in year lost birthday)		
	M	WIDOWE	D DIVORCED	10-5-56		yrs. Months Days	Hours Min.
10	. USUAL OCCUPATION IC	ive kind of work done 10b.	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote o	r foreign country)	12. CITIZEN O	F WHAT COUNT
	during most of working life	, even ir remrecij		Wilmingt	on. Del.	U.S	5.A.
⊢	3. FATHER'S NAME			TA. MOTHER'S MAIDEN NA			
	Charl	es W. Stant	on, Sr.	Anna M.	Harrigan		
15		U. S. ARMED FORCES? 16.	/	NFORMANT		Iress 201, BOV	St.
ĮΥ	es, no, or shiftment [If yes	s, give war or dates of service)			W. Stant		
-	Do cauce or pears f	Enter only one couse per line		Mrs Onarres	W. Draffe		
	PART I. DEATH W		rst and seco	nd dograce s	oolda mia	b+ and donse	RVAL BETWEEN ET AND DEATH
	7 ^ IMMI	EDINIE CHOSE (0)					
		D0E 1Q -	I body face	neack and t	ne leit a	rm.	
	Conditions, if any, a gove rise to immediate				· · · · · · · · · · · · · · · · · · ·		
	(a), stoling the under						
	cause fast.	(c)					
CERTIFICATION	PART II, OTHER SI	GNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	ALDISEASE CONDITION		PERFORMED?
TIFE	200. EXTERNAL CAUSE VERIMARY To CONTRIB	YAS 20b. DESCRIB	E HOW INJURY OCCURRED. (E				
		Pul	led coffee p	ot off stov	·e		
WEDICAL	20c. TIME OF INJURY	· ·		CE OF INJURY (Home, form,	20f. (City or town)	(County)	(Stote
WED	1+045 55 m.	1 20 19 58 Whill	ork at work Ho	ory, street, office bldg., etc.)	Eikton	Cecil	7.4
			remains described abo				ond find th
			, Accident , Sui	, ,			ona mia m
	deom resolled 110	ill: Individu couses [, Accident [N, 501	cide [], Homicide	, Undetermine	a couse [_].	
	PETERS (//	10 Dar	21 101 1				DATE SIGNED
	SIGNATURE 4	10000	VIVI	_M.D. CHIEF MEDICAL EXA			
	EXAMINER'S	a D. June		ASSISTANT MEDICAL		7 07	-0
	NAME (Type) H.	.C.Dodson		DEPUTY MEDICAL EX	AMINER 🗆K	1-21	- 58
22	o. BURIAL, CREMATION, 2 REMOVAL (Specify)	26. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, tox	vn, or county)	(State)
	Burial	1.24-1938	Cherry Hell	Milhodist	Coston P.	A Cecile	o ned
23	. FUNERAL DIRECTOR'S SIC	NATURE,	ADDRESS V	24a. REC'D	8Y REGISTRAR 24b. R	EGISTRAR'S SIGNATUI	RE
	osephi	T Frank	routhCoash	mad DATE PREI	2 4 '58	2 - earn	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ESUL DE NA

2 .V UARRUR

ond give nearest town) COLOT® NAME OF HOSPITAL O AME OF (CEASED) (pe or print)		c. LENGTH OF STAY IN 1b Life hospital, give street address)	c. CITY OR TOWN Colors d. STREET ADDRESS	R.D.	porote limits, write	RURAL or	nd give n	earest to	wn)	
NAME OF HOSPITAL O	R INSTITUTION (If not in	hospital, give street address)								
AME OF CEASED rpe or print)	First		O. SIRECI ADDRES					e. IS R	ESIDE	
CEASED rpe or print)		410.414						YES	A FA	
	Fred	Middle	Lost	4. DATE	Mont	h Day		Year		
16. (Stewart	Taylor	DEATH	1		1		958	
M			DATE OF BIRTH		9. AGE In years flost birthday}	Months	R TYEAR	IF UND	ER 24	
-7/1			5-10-1891		66 уп.	Mounts	Days	JOURS .	PATIF	
JSUAL OCCUPATION (C ring most of working life	ive kind of work done 10 , even if retired)	, KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (SH	ste or foreign	country)	12. CI	TIZEN O	F WHAT	COU	
Farmer		Retired	Chester Pa U.S.A							
ATHER'S NAME			14. MOTHER'S MAIDE	NAME						
			Frances	Flahart	У					
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT										
no		218-12 0 0774 W:	ilsom Taylo	r, 6 De	Iplane A	ve. N	leway	ck. I	Je:	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							INTEL	TERVAL BETWEEN		
PART I. DEATH WAS CAUSED BY: Acute Coronary Occiusion							CHSE	1 AND DE	S I PI	
		111111111111111111111111111111111111111								
4	ALLAN									
gove rise to immediate	couse		,			-				
	lying									
		CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TEL	MINAL DISEAS	E CONDITION GIV	VEN IN PA	RT 1(p) }	9 WAS	AUTO	
				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1 /	MERFO	RME	
Oo. EXTERNAL CALISE W	AS 205 DESC	PIRE HOW INDIPY OCCUPPED IF	ther making of latings in 1	Part I on Part II	of item 181			100	NC	
RIMARY OF CONTRIB	UTING []	TOUR HOURT OCCURATO, IL	The HOLOTO OF INJURY IN I	OLL LOL EGGS II	ot tietti to j					
CAUSE OF DEATH.										
	W	hile Not while facto	ry, street, office bldg ,	orm, 120t. (City olc.)	or lown)	{C0	ienty)		(St	
p. m.		work at work								
I certify that i	taak charge of th	e remains described above	re, held an Auta	psy 🔲, li	nspectian 🛄,	Inqui	ry 🛣	, and	find	
leath resulted_frai	m: Natural causes	🗐, Accident 🔲, Suic	ide 🔲 , Hamici	de 🔲, U	ndetermined o	cause [].			
$/f_{i}$	12 R									
ACTUAL // IV	(MT	rancon	M.D. CHIEF MEDICAL	EXAMINER [DATE S	IGN	
		ASSISTANT MEDICAL EXAMINER								
XAMINER'S	Dodsom		DEPUTY MEDICA	L EXAMINER	3	1-2-	5 8			
		22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCA	TION (City, town,	or county)		(Stat	-1	
REMOVAL (Specify)	ו וי־גּצ	2118, Hartler	web Co	1 /2	Cora a.	10	11	1)	1	
INERAL DIRECTOR'S SIG	NATURE	ADDRESS		C DAY REGIST	RAR 24b. REGI			/_}/_ RE	41	
10 1	7		1							
	JOHN JOHN JOHN JOHN JOHN JOHN JOHN JOHN	JOHN TRYLOTO AS DECEASED EVER IN U. S. ARMED FORCES? O, or unknown) B. CAUSE OF DEATH [Enter only one cause per li PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) LL & C. DUE TO Conditions, if ony, which ove rise to immediate cause o), sloting the underlying oute last. PART II. OTHER SIGNIFICANT CONDITIONS OO. EXTERNAL CAUSE WAS AUSE OF DEATH. DC. TIME OF INJURY Month, Day, Year Howr o. m. p. m. 19 of cath resulted fram: Natural causes CCTUAL GONTAIN R. G. DOC SOTE EMOVAL (Specify) PAG DOC SOTE EMOVAL (Specify) 122b. DATE THEREOF EMOVAL (Specify) 22b. DATE THEREOF CCTUAL CEMATION, 22b. DATE THEREOF EMOVAL (Specify)	JOHN TRYLOR JOHN TRYLOR JOHN TRYLOR JAS DECEASED EVER IN U. S. ARMED FORCES? LO OF UNLANDWIN) RECAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: JIMMEDIATE CAUSE (a) DUE TO Conditions, if only, which JOY of rise to immediate cause O), sloting the underlying OUE TO COLOR EXTERNAL CAUSE WAS ALUSE OF DEATH DUE TO COLOR EXTERNAL CAUSE WAS AUSE OF DEATH. DOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO COLOR EXTERNAL CAUSE WAS AUSE OF DEATH. DOTHER OF INJURY Month, Day, Year JOHN WHILE OF WHILE ACCIUAL GRANTURE XAMINER'S LOCAL SPECIFY LOCAL ACCIUAL LOCAL SPECIFY LOCAL ACCIUAL LOCAL SPECIFY LOCAL ACCIUAL LOCAL SPECIFY LOCAL ACCIUAL ACC	JOEN Taylor JOEN Taylor JOEN Taylor JOEN Taylor JAS DECEASED EVER IN U. S. ARMED FORCES? JOEN INJURY MILSOIN Taylo B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (d) DUE TO Conditions, if ony, which JOUR TO Conditions, if ony, which JOEN TAYLOR TO DEATH DUE TO Conditions, if ony, which JOEN TO CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER CO. EXTERNAL CAUSE WAS RAMARY OF CONTRIBUTING TO AUSE OF DEATH. CONTRIBUTIONS CONTRIBUTIONS AUSE OF DEATH. CONTRIBUTIONS DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in factory, street, office bidg, of the part of	JOHN Taylor JOHN Taylor JOHN Taylor AS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 218—1200771 Wilson Taylor, 6 De B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: MAMEDIATE CAUSE (e) LAC. JOHN Taylor, 6 De B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: MAMEDIATE CAUSE (e) LOCAL COPPORATY OCCURSION DUE TO Conditions, if ony, which over rise to immediate couse 0), storing the underlying outs last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DO. EXTERNAL CAUSE WAS RIMARY or CONTRIBUTING AUSE OF DEATH. CONTRIBUTING AUSE OF DEATH. CONTRIBUTING AUSE OF DEATH. CONTRIBUTING AUSE OF DEATH. AUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE AUSE OF DEATH. AUSE OF DEATH. AUSE OF DEATH. AUSE OF DEATH. AUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE AUSE OF DEATH. AUSE OF DEATH. AUSE OF DEATH. AUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE AUSE OF DEATH. AUSE OF DEATH. AUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE AUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE AUSE OF DEATH. AUSE OF DEATH. AUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE AUSE OF DEATH. AUSE OF DEATH. AUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE AUSE OF DEATH. AUSE OF	AS DECEASED EVER IN U. S. ARMED FORCES? AS DECEASED EVER IN U. S. ARMED FORCES? II. SOCIAL SECURITY NO. 218—1200771 Wilsom Taylor, 6 Delplane A B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Acute Coronary Occlusion L. A. C. Coronary Occlusion DUE TO Conditions, if only, which [b] DUE TO Cover line to immediate couse [c), sloting the underlying over line to immediate couse [c), sloting the underlying over line to immediate couse [c), sloting the Underlying over line to immediate couse [c), sloting the Underlying over line to immediate couse [c), sloting the Underlying over line to immediate couse [c), sloting the Underlying over line to immediate couse [c), sloting the Underlying over line [c) EXTERNAL CAUSE WAS RIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) AUSE OF DEATH. CATTIME OF INJURY Month, Doy, Year 10 or While Not while of work of work of work of work of work of work of work. [c] I. Certify that I taak charge of the remains described above, held an Autapsy Inspection [c] I. Certify that I taak charge of the remains described above, held an Autapsy Inspection [c] I. Certify that I taak charge of the remains described above, held an Autapsy Inspection [c] I. Certify that I taak charge of the remains described above, held an Autapsy Inspection [c] I. Certify that I taak charge of the remains described above, held an Autapsy Inspection [c] I. Certify that I taak charge of the remains described above, held an Autapsy Inspection [c] I. Certify that I taak charge of the remains described above, held an Autapsy Inspection [c] I. Certify that I taak charge of the remains described above, held an Autapsy Inspection [c] I. Certify that I taak charge of the remains described above, held an Autapsy Inspection [c] I. Certify that I taak charge of the remains of cemterity or crematory Inspection In	Address John Taylor John Taylor Address John Taylor (If yes, give wor or debted of service) Contribution (If yes, give wor or debted of service) LO	Id. MOTHER'S MANE JOHN Taylor France's Flaharty Address France's Flaharty Address Deceased Ever in U. S. Armed Forces? Out without it is not reduced a served per of decest of served per of se	AND TAYLOR TAYLOR TO THE PROPERTY NO. 17. INFORMANT Address Frances Flaharty ADDRESS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (17 yas, give mer debase of service) 10. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] 11. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).] 12. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).] 13. ACTION (17 yas, give mer debase of service) 14. C. I DUE TO Candillions, if only, which over rise to immediate couse (o), storing the underlying outs lost. 15. CAUSE OF DEATH (18 UNION (18 yas)) 16. CAUSE OF DEATH (18 UNION (18 yas)) 17. INFORMANT (18 yas) 18. CAUSE OF DEATH (18 UNION (18 yas)) 18. CAUSE OF DEATH (18 UNION (18 yas)) 18. CAUSE OF DEATH (18 UNION (18 yas)) 19. OUT (18 yas) 10. CAUSE OF DEATH (18 UNION (18 yas)) 19. OUT (18 yas) 19. OUT (18 yas)	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If ony delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Page 1, 2, and 3 IR the funeral director. Page 4 should be for fact to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relained for the files.

TO I ALL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the interpretation to burial, cremation, ar removal.

VS. A15ME(S) 5M 9/55

MILLIN V. S. MYE.

00573

	Ite	n 9_FilmG22h	
	578	CERTIFICA	1
ATH			
Cecil		MARYLAND	L
	ATH	578 Ite	

Reg. Dist. No.

1	o. COUNTY	ecil		MAR	YLAND 2.	o. STATE Maryle		d lived. If instituti b. COUNTY			re admis	sion}	
F	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) erry Point 14 days					c. CITY OR TOWN (If autside carporate timits, write RURAL and give nearest town) Elkton							
V	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OETERANS Administration Hospital					d. STREET ADDRESS / 218 E. High Street					e. IS RESIDENCE ON A FARM? YES NO		
3	NAME OF DECEASED (Type or print)	Joseph W.		kman Middl	e	Lost	4. DATE OF DEATH	January		Da		Yeor 19 58	
5	Male	6. COLOR OR RACE White	7. MARK	RIED NEVER MARR		ATE OF BIRTH 8-13-05		9. AGE (In years lost birthdoy)	Months	Days Days	Hours	ER 24 HRS. Min.	
	Laborer	N (Give kind of wark ing tife, even if retired	3	KIND OF BUSINESS COnstructi		Maryland	or foreign c	ounlry)	12. CI	U.S.		COUNTRY	
13	William Wo	orkman		•	1	Addie Di							
THE PERSON NAMED IN COLUMN 1	WAS DECEASED EVER	IN U. S. ARMED FOR If yes, give wor or dates of a WW II	ervice)	social security Ne ot Ascerta			Record	Add is, VAH,		Poi	int,	Md	
CATION	PART I. DEAT	he under	Ca	rcinoma of	Stoma	Ch FRELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	'EN IN PAR	oh	9. WAS	DEATH WII	
CEMERC	20a, ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY (OCCURRED. (E	nter nature of injury in P	Part I or Por	t II of item 18.)			YES [NO 🗗	
MERICAL	20c, TIME OF INJURY Hour o. jr. p. m.	Month, Day, Ye	20d, II While of work	NJURY OCCURRED Not while k at work	20e. PLACE foctory	OF INJURY (Home, farm, street, office bldg., etc.	20f. (City	or town)	(Counly)		(Stole)	
7	21. I certify that / attended the deceased from 12-24 , 19 57, to 1-4 , 19 58 MARKETISK XXXX HAD DECEMBED AND ACTUAL SIGNATURE WINDLESS (Street, city or town, state) ACTUAL SIGNATURE W. M. D. M.D. V. A. Hospital, Perry Point, Md. 1-4-58 PHYSICIAN'S NAME (Type) W. M. HARRIS, M.D. Acting Director Professional Services 20- QUARTIC COMMANDON 226. DATE THEREOF REMOVAL (Specify) REMOVAL (Specify) 1-4-58 PAGE TO 12-4 (Stote) 19 57, to 1-4 (19 00 pm), from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNATURE No. V. A. Hospital, Perry Point, Md. 1-4-58 PHYSICIAN'S W. M. HARRIS, M.D. Acting Director Professional Services 20- QUARTIC COMMANDON 226. DATE THEREOF REMOVAL (Specify) 1-4-58 North East Cemetery North East, Maryland												
23	F. R. Gran	SIGNATURE	Nor	ADDRESS th East, M	arylan	印象	BY REGIST	- 61	STRAR'S SIG	- 11	ŧE		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNTAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page build be detached far use as the burial-transit permit. Then please remaye carbon papers. Page and 2 should be filled with the registrar prior to burial, cremation, or remay, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

CERTIFICATE DE U-ATH

married to

and the same of th

Britisher arrested WAR

BUREAU V. S.

the state of the s

2721 Y NAT

BECEINED

death.

ofter

80

TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S. ezel is nai